

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER HEATH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 919 WILMA SIGMON ROAD LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Frank Strickland on 05/25/2016: Records indicate that this facility was licensed 07/25/1997 for Sixty (60) Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code- Section 409.1, Group I-Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	<p>CONSTRUCTION SECTION JUL 06 2016 RECEIVED</p> <p><i>See attached</i></p>	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has failed to maintain the exterior finishes of installed finished exterior products. Findings on 05/25/2015: The exterior vinyl siding is damaged at grade level due to landscaping at the following locations: (a) Rear wall of back Electrical Equipment Room.	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jeanne A. Bolden

**SIGN
HERE**

TITLE

Administrator

(X5) DATE

06/29/16

Division of Health Service Regulation

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C 166	Continued From page 1 (b) Mop sink screen wall outside the Kitchen back door.	C 166	<i>See attached</i>	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing, this facility has not maintained in a safe and operating manner the emergency lighting, which illuminates the egress pathways during power outages. This would affect all residents, staff and visitors if the egress pathways were not illuminated in the event of an emergency. Findings on 05/25/2016: The emergency lights did not illuminated when test in the emergency mode at the following locations: (a) Outside Room 200 in the 200 Hall. (b) TV Room in the 200 Hall. 2-Based on observation, the facility was not maintained in a safe manner due to breaches of	C 185		

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C 185	Continued From page 2 the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 05/25/2015: The sheet-rock ceiling finishes at the butt-joints have deteriorated at the following location: (a) Dining Hall	C 185	<i>See attached</i>	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the mechanical exhaust system to remove odors. The could affect the heath of residents, guests and staff. Findings on 05/24/2016: The roof top mechanical ventilation units are not	C 199		

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C 199	Continued From page 3 providing enough exhaust ventilation to adequately exhaust the resident bathrooms of odors in the 100 & 200 Halls. 2-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 05/24/2016: The exhaust grilles have excessive particulate build-up in Room 211 bathrooms and corridor return-air grille units.	C 199	<i>See attached</i>	



LOWE'S HOME CENTERS, LLC
1603 EAST MAIN STREET
LINCOLTON, NC 28092 (704) 748-9335

- SALE -

SALES#: 50700851 2198761 TRANS#: 50227638 06-29-16

6550 5/8-IN J-CHANNEL WHITE 30	12.48
2 @	6.24
46230 QP VISION-PRO D5 DL WHITE	27.92
4 @	6.98
6190 OR 1-1/4-INSS TRIN NAIL 1	8.78

SUBTOTAL: 49.18

TAX: 3.32

INVOICE 07919 TOTAL: 52.50

VISA: 52.50

VISA:XXXXXXXXXX0907 AMOUNT:52.50 AUTHCD:019480

CHIP REFID:070007021379 06/29/16 15:15:22

CUSTOMER CODE: health

APL: VISA CREDIT FVR: 0000000000

AID: 0000000031010 TSI: F000

STORE: 0700 TERMINAL: 07 06/29/16 15:16:12

OF ITEMS PURCHASED: 7

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: JOEL WOOD

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IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
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* YOUR OPINIONS COUNT! *

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* REGISTRESE EN EL SORTEO MENSUAL *

* PARA SER UNO DE LOS CINCO GANADORES DE \$300! *

* REGISTER BY COMPLETING A QUEST SATISFACTION SURVEY *

* WITHIN ONE WEEK AT: www.lowes.com/survey *

* Y O U R I D N 07919 0700 101 *

* NO PURCHASE NECESSARY TO ENTER OR WIN. *

* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 0700 TERMINAL: 07 06/29/16 15:16:12

MONTHLY BUILDING CHECKLIST

Facility: _____

Date: _____

YES	NO	DESCRIPTION
		Fire Alarm system is working properly
		Fire extinguishers checked monthly
		Fire extinguishers are visible and accessible
		Exit Doors are accessible and unlocked
		Exit signs/arrows are in place and visible
		Emergency evacuation lights tested
		Storage is at least 18 " away from sprinkler heads
		Storage is at least 3 ' away from heater/heat source
		Storage is at least 3' away from electrical panels
		All circuit breakers/disconnects are labeled
		Electric box complete with no empty openings
		All equipment is grounded
		All electrical parts are covered appropriately
		All electrical cords have ground pin
		All electrical cords are in good working order
		Facility is free of 2-prong light duty extension cords
		Storage is stable and does not lean
		All storage aisles are at least 28" wide
		A step stool or ladder available for storage over 5'
		Hallways and exits are free of storage
		Facility is free of trip hazards on floors, sidewalks, etc.
		Guardrails/handrails are in place
		Wet/slippery floors are marked
		All light bulbs working (non burned out or missing)
		Oily/greasy rags are in covered metal can
		Housekeeping is up to standards
		<i>The following manuals are available to staff:</i>
		Osha Written Plans
		Accident Prevention and Safety Manual
		Employee Safety Handbook
		Emergency Action Plan
		First Aid kit available
		Personal Protective Equipment Equipment (PPE) available
		Material Safety Data Sheets (MSDS) available
		Emergency phone numbers and information posted
		OSHA 300 log posted
		Administrator maintains a sharps injury log
		Hazardous chemical list is up to date
		Emergency eyewash station tested weekly
		Chemicals listed with names/hazards
		Only compatible chemicals stored together
		All excessive flammables stored inside a cabinet
		Compressed gas is capped or chained
		Oxygen is stored properly

YES	NO	DESCRIPTION
		All door alarms are working properly
		Call lights and system working properly
		All inspections needed are up to date
		All employees have received training and signed an acknowledgement on the following:
		Hazard Communication / MSDS
		Personal Protective Equipment
		Exposure Control Compliance
		Fire and Disaster Preparedness
		Universal Precautions

The lines below are for a list of corrections or actions taken for any item marked no:

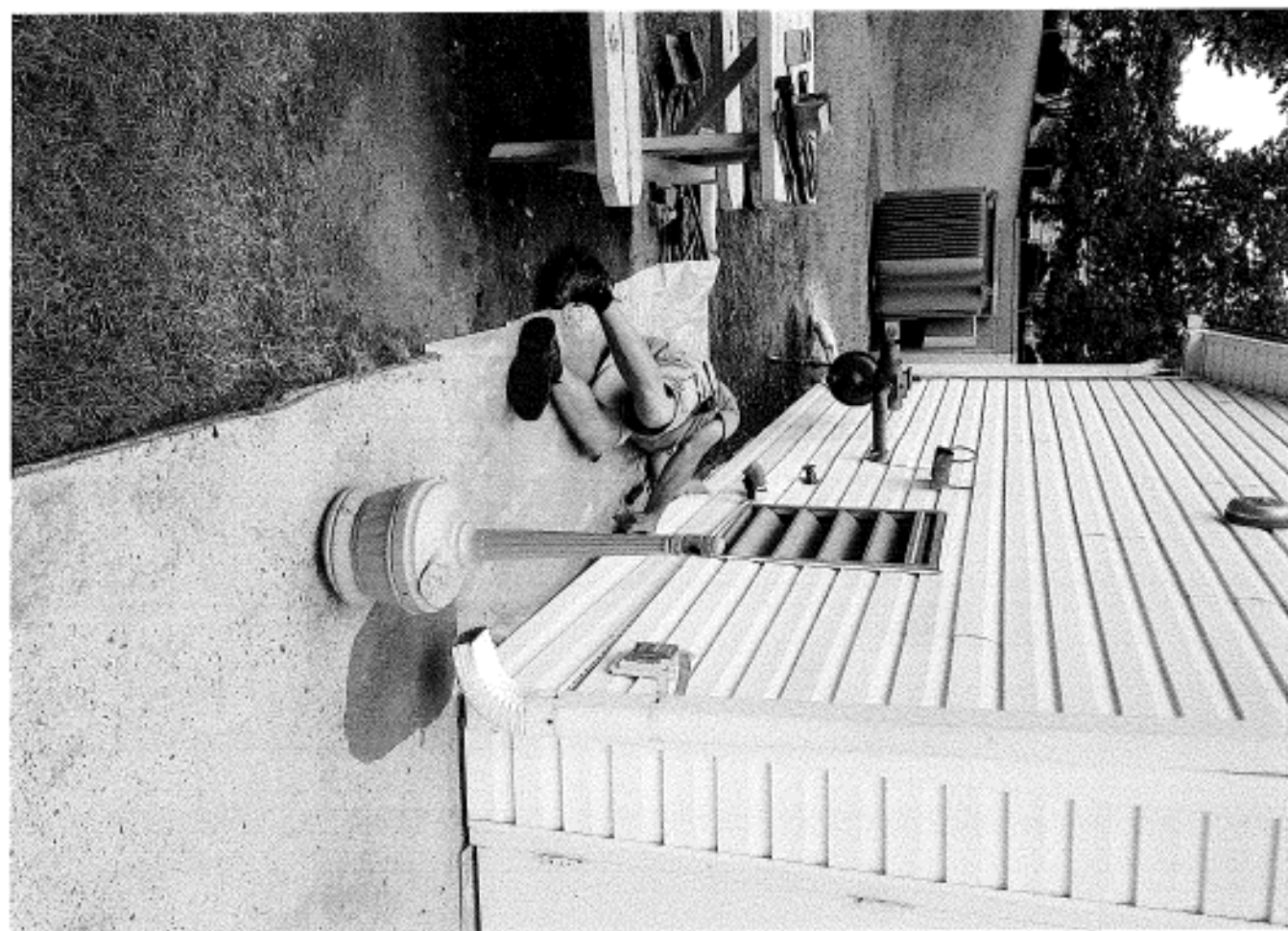
yes	no	
		Return Air grilles
		Halls
		Common areas
		Resident Bathrooms

Inspection completed by: _____

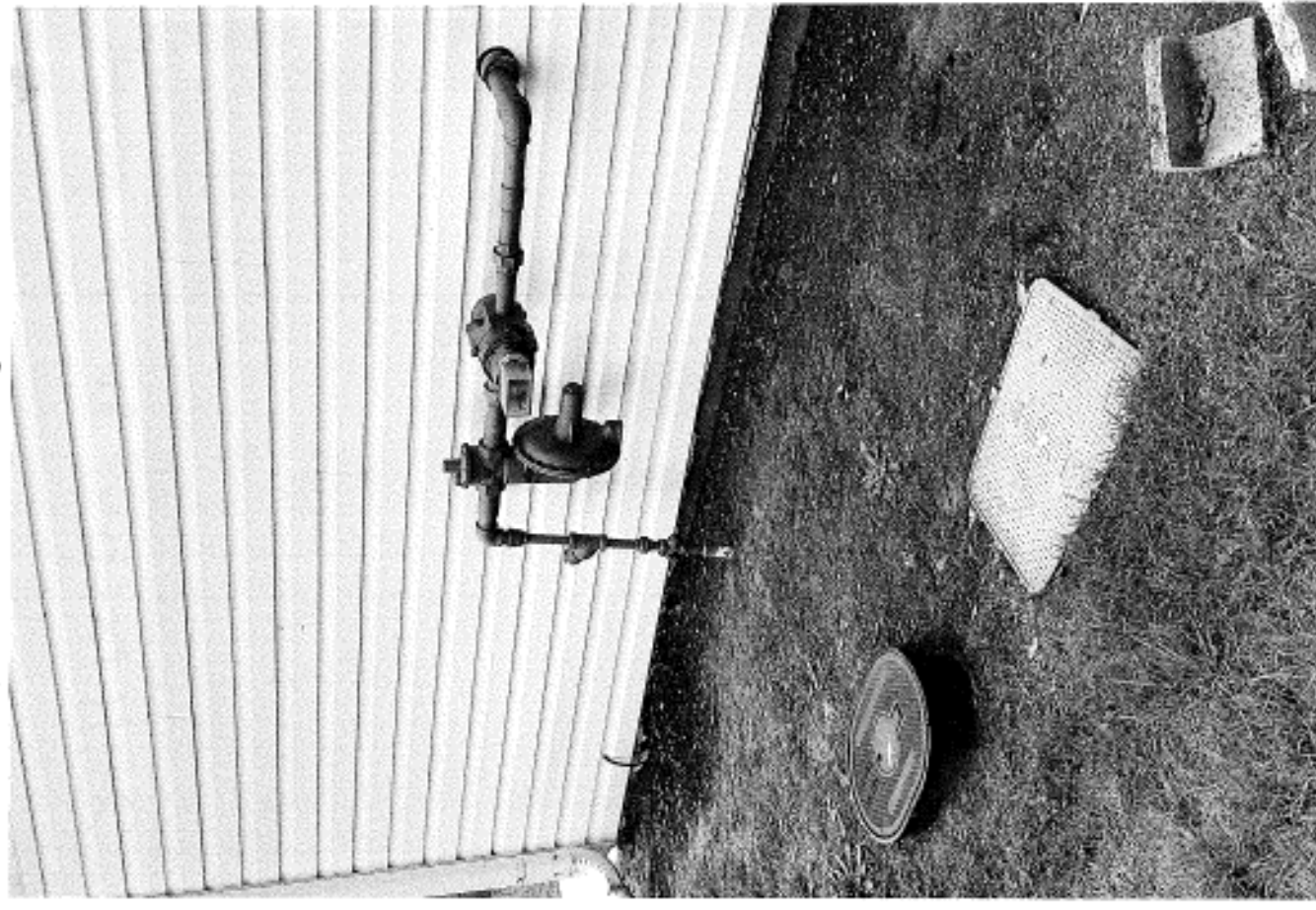
Administrator Signature: _____

Faxed to Sandra Riggs: _____
(date/initial)

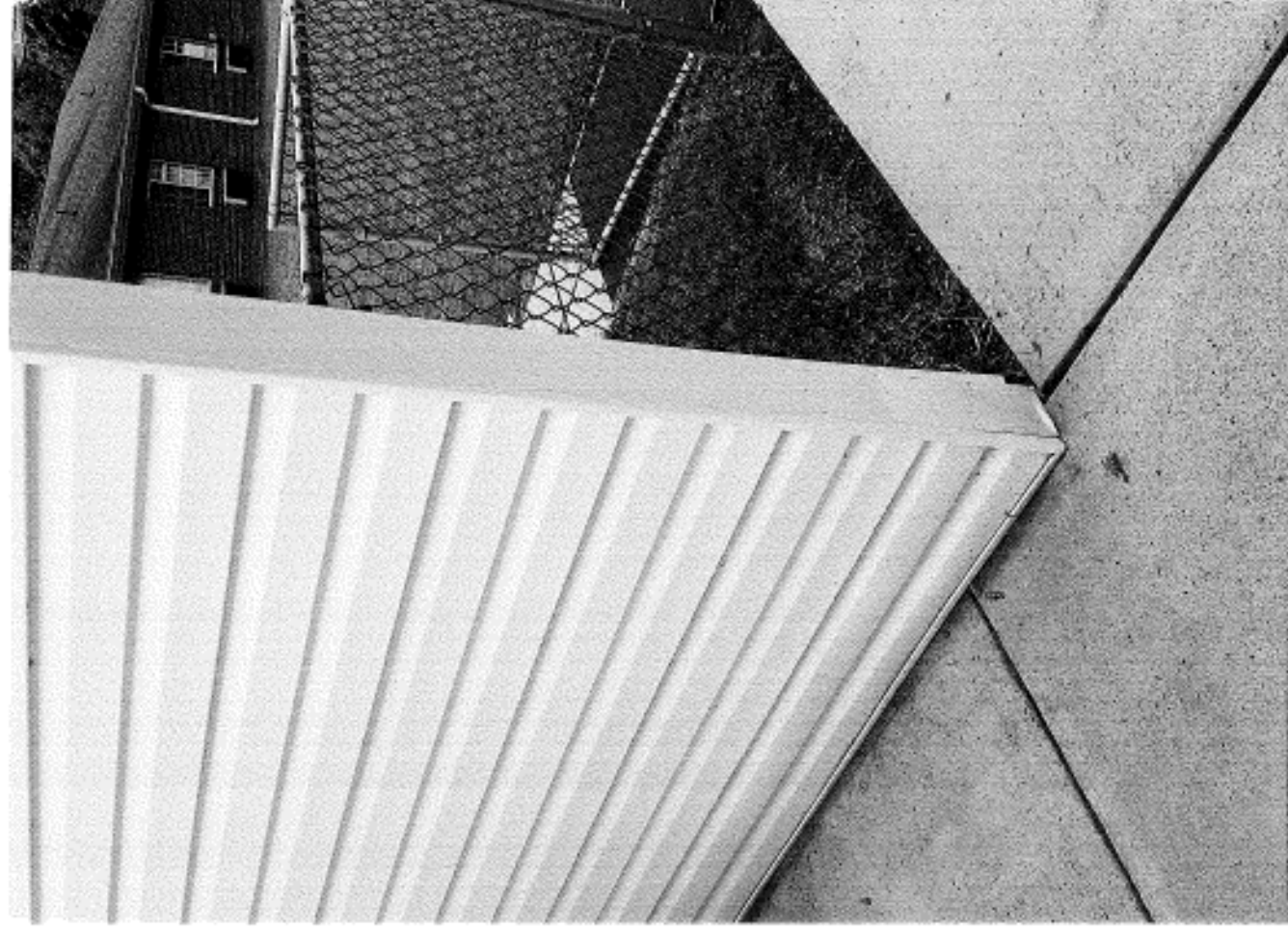
Revised 9/4/07



Rear wall by Electrical Rm



Mopsink screen wall



Emergency light replaced
Outside TV Rm 300 Hall



Emergency light replaced
200 Hall outside 200 Rm

